NORTH EAST COMMUNITY ACTION CORPORATION (NECAC)
Down Payment Assistance Program
APPLICANT/BUYER

Loan Overview

All loans—5 Year Forgivable, 0% interest, no monthly payments. The note will be forgiven if the Buyer lives in the home for 5 years. The loan amount is prorated if the buyer moves out before 5 years.

St. Louis County* - $3,000.00 at 0% interest rate, no monthly payments, and is a Forgivable Loan.

City of Florissant* - $3,500.00 at 0% interest rate, no monthly payments, and is a Forgivable loan.

St. Charles County and City of O’Fallon* - $10,000 at 0% interest rate, no monthly payments, and is a Forgivable Loan.

Funds are reserved on a first-come first-serve basis. Once you have an accepted contract it needs to be faxed or e-mailed to the counselor.

*St. Louis County, City of Florissant, and City of O’Fallon applicants have to be a first time home buyers.

Unincorporated St. Charles County applicants do not have to be 1st time homebuyer.

Income Guidelines: Income is determined as Yearly Gross Income for the entire household. This includes child support, social security, disability, etc.

<table>
<thead>
<tr>
<th>Number of People</th>
<th>Income Limit</th>
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<tbody>
<tr>
<td>1 Person</td>
<td>$45,550</td>
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<tr>
<td>2 People</td>
<td>$52,050</td>
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<tr>
<td>3 People</td>
<td>$58,550</td>
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<td>4 People</td>
<td>$65,050</td>
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<tr>
<td>5 People</td>
<td>$70,300</td>
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<tr>
<td>6 People</td>
<td>$75,500</td>
</tr>
<tr>
<td>7 People</td>
<td>$80,700</td>
</tr>
<tr>
<td>8 People</td>
<td>$85,900</td>
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</tbody>
</table>
The following information applies to all jurisdictions and clients using DPA: 06/28/2019

**Eligible Loans:** FHA, MHDC, VA, USDA and Conventional.

**Sales Price of Home cannot exceed $176,000 for St. Charles County, $152,000 for St. Louis County**

**Qualifications:**
- The client cannot have owned a home in the last 3 years; however, there are exceptions to this rule. Please contact a counselor for more information.
- The client must be at or below the income guidelines for their household number.
- The client must have $1,000 of their own funds in the transaction by the closing date. This can include earnest money, any inspections paid **outside of closing**. You must submit the paid receipts immediately to your Title Company and lender prior to closing to receive **(POCB) Paid Outside Closing Buyer credits.**

**PLEASE NOTE:** Title Company and the lender will not credit your POCB’s if you pay by cash; therefore you **must pay by check to receive credit towards your $1,000 needed for this program.**

- The client must attend a **First Time Homebuyers Education** class prior to closing. The fee for the class is $100.00 which covers the cost of their book. Classes are scheduled per need in the St. Charles and St. Louis County areas.. An online course may be taken [https://www.ehomeamerica.org/necac](https://www.ehomeamerica.org/necac) for a fee of $115. Click on on GET STARTED.

- Must be able to obtain at least a 10 year **fixed-rate loan.**

- **Client MUST** call Marsha Signoracci if they are going to write a contract on a HUD home, As Is, Foreclosed home or Short sale home. There are particulars to these homes that must be followed.

- Debt to income ratio not to exceed 36/42.

- *********There are two inspections required** for the HOME Program. **FIRST INSPECTION** required is the **ASHI Third Party Building Inspection.** The buyer is required to be present for this inspection and will be asked to sign an affidavit acknowledging that they were present at the time of the inspection. You may find a list of ASHI certified inspectors by visiting [https://stlashi.org/members/](https://stlashi.org/members/). **SECOND INSPECTION** required is the **County Certification of Occupancy and Visual Lead Assessment.**

- The house has to be able to pass a Program **Occupancy Inspection** prior to closing. The instructions for each jurisdiction are different and must be obtained by the NECAC counselor.

- **URA property owner statement needs to be filled out by seller.** Please call our office for more information. **Property being purchased must be owner occupied or vacant for at least 90 days from the time of the acceptable or more to be eligible for this program.**

- The house **cannot be in a flood plain.**

Please feel free to contact us with any questions or concerns

<table>
<thead>
<tr>
<th>Marsha Signoracci</th>
<th>Cheryl-Ann Phillips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Ownership Programs Director</td>
<td>Housing Development Office Administrator</td>
</tr>
<tr>
<td>Email: <a href="mailto:msignoracci@necac.org">msignoracci@necac.org</a></td>
<td>Email: <a href="mailto:cphillips@necac.org">cphillips@necac.org</a></td>
</tr>
<tr>
<td>Office: 573-324-6622</td>
<td>Office: 573-324-6622</td>
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<tr>
<td>Cell: 314-403-2095</td>
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</table>
NECAC abides by the rules set forth in the Americans with Disabilities Act, the Equal Credit Opportunity Act, and the Fair Housing Act. If there are any special considerations during your interaction and communication with NECAC please tell your NECAC representative. If English is your second language we will provide a language interpreter. Telecommunications Device for Deaf, Hard of Hearing & Speech Impaired 711 or 1-800-735-2460 (voice) or 711 or 1-800-735-2966 (TDD).

Application
North East Community Action Corporation
Home Ownership Program

Instructions: Fill out this form completely. Mark items that do not apply with N/A. Make copies of required documents as listed on the back. Sign the completed application to return in to NECAC.

A. Applicant (Borrower) Information (PRINT please)

Name ____________________________ Age _____ DOB ____ SSN ________________
Home Phone ______________________ Work ___________________________________
Years of Formal Schooling (circle one): 8 12 16 20         Other ______
E-mail Address:____________________________________________________________
Present Address _______________________ City ____________ State ___ Zip _______
How long have you lived at this address __ month   From ____ (Mo/Yr) to ___ (Mo/Yr)
Monthly Rent You Pay: $_________________
Landlord Name _________________________ Landlord Phone _____________________
Landlord Address ____________________ City _____________ State ________ Zip ____
Marital Status:  
___Single   ___ Divorced   ___Married____ Separated    ____Widowed

Marital Status determined legally. You will be asked to produce documentation for marriage, divorce, and legal separation. This is for your protection and the protection of your future investment in home ownership.

If present address is less than 24 months, list previous address and information (We need a full 24 month history)

Previous address ________________ City _________________ State __________ Zip ________  
When did you live there? From ____ (Mo/Yr) to ____ (Mo/Yr) Monthly Rent you Paid $______  
Previous Landlord Name ____________________ Previous Landlord Phone ________________  
Previous Landlord Address __________________ City ________ State ______ Zip __________

Employment History (Previous 24 month history required. We need COMPLETE Addresses)

Were you unemployed during any of the past 24 months?   Yes If yes, list dates: _____     No  
Did you attend school full-time during this period?   Yes If yes, Name of School ______   No  
Current employer___________________________________________________________  
Street Address _____________________________ City ___________ State _____ Zip _______  
Job Title _________Date Hired ___________ (Mo/Day/Yr) Job Status:   Full Time   Part Time

Monthly GROSS Salary (Amount you make before taxes and deductions) $ _________________

Do you have another job?    Yes     (if yes,   Full Time   Part Time)          No  

2nd Employer Company Name _____________________________ Phone Number ____________  
Street Address _______________________ City _______________ State ____________ Zip _________  
Job Title ____________Date Hired _________ (Mo/Day/Yr) Monthly Gross Salary $__________

If employed at present job less than 24 months, complete the following:

Previous Employer Company Name _____________________________ Phone Number ____________  
Street Address _____________________________ City ___________ State _____ Zip _______  
Job Title __________________Date Hired ___________ (Mo/Day/Yr) Date Ended _______ (Mo/Day/Yr)

Monthly Gross Salary at time you left: _______ (If you need more space, attach another sheet of paper.)
B. Co-Applicant (Co-Borrower) Information (If applies)

Name ________________________ Age _____ DOB _______ SSN __________________________
Home Phone __________ Work Phone _______ Marital Status _Single _Married _Div _Separated
Years of Formal Schooling (circle one): 8 12 16 20 other: __________
Present Address ______________________ City ________________ State _____ Zip _________

Co-Applicant Employment History

Present Employer Company Name ____________________ Phone # __________________________
Address ______________________________ City ________________ State ______ Zip _________
Job Title ______________ Date Hired _____________ (Mo/Day/Yr) Monthly Gross Salary $ ______
Job Status:   Full Time          Part Time

Do you (Co-Applicant) have another job?    Yes      No

2nd Employer Company Name _________________________________ Phone # ________________
Address __________________________ City ______________________ State ____________ Zip ______
Job Title __________________ Date Hired ________ (Mo/Day/Yr) Monthly Gross Salary $_______

*If employed at present job less than 24 months, complete the following. (Attach another sheet if needed):

Previous Employer Company Name _____________________________ Phone # ________________
Address _____________________ City ______________________ State ______ Zip _________
Job Title ________ Date Hired ______ Date you left ________ Monthly Salary _______
C. Financial Information

- **Account holdings at Financial Institutions** *(Checking Account Savings Accounts, CD’s, 401 K, and other Assets)*

<table>
<thead>
<tr>
<th>Name of Bank/Credit Union</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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*All Sources of Monthly Income (It is important that you be as accurate as possible in listing your income)*

<table>
<thead>
<tr>
<th>Source</th>
<th>Gross Amount</th>
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<tr>
<td>Applicant’s Total Monthly Income from all jobs, including tip</td>
<td>$</td>
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<tr>
<td>Co-Applicant’s Total Monthly Income from all jobs</td>
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<td>Child Support Income</td>
<td>$</td>
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<td>Social Security Disability</td>
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<tr>
<td>Social Security Retirement Benefits</td>
<td>$</td>
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<tr>
<td>AFDC/TANF</td>
<td>$</td>
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<tr>
<td>Pension/Other Retirement Benefits</td>
<td>$</td>
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<tr>
<td>Other sources of Monthly Income (include income from other members of household)</td>
<td>$</td>
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<tr>
<td>TOTAL (add all sources together for Total Monthly Income)</td>
<td>$</td>
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</table>
*Financial Obligations and Expenses*
(Include all credit cards, auto loans, auto insurance, child support/alimony payments, childcare, student loans, medical bills, lease-purchase financing, etc.)

<table>
<thead>
<tr>
<th>Name of Account (Name of Company/creditor)</th>
<th>Type (credit cards, auto, etc.)</th>
<th>Current Balance (Total Owed)</th>
<th>Monthly Payment (Minimum required)</th>
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<td>Grand Total</td>
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D. **Other Information**  
(Please circle the appropriate response)

Have you owned a home, been on Title, or Deed to a home in the last 3 years?  Y  N

Are you a First Time Home Buyer?  Y  N

Ever been involved in a Civil Judgment?  Y  N  
If under Contract, what is the selling price?____

Any other legal claim against you?  Y  N  
Ever been involved in Bankruptcy?  Y  N

Are you named on any Property Liens?  Y  N  
Have you ever lived in Section 8 Housing?  Y  N

Have you applied for a mortgage loan?  Y  N  
Have you ever lived in Public Housing?  Y  N

Have you signed a Contract on a house?  Y  N  
Ever been involved in a Civil Judgment?  Y  N

Comments

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
### E. Household Information

List ALL individuals who will be living in your NEW home. Include you, any children and adults, and supply the following information about them:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Relationship to you</th>
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How did you hear about our services?

- Mail
- Brochure
- Radio
- Word of month
- Banker
- Realtor
- Flyer
- Other________
F. Required items needed to complete this Application

(Please note: We cannot accept originals of documents-Please make copies.)

___ Signed Authorization Forms (s) (Each adult age 18 and over who will occupy your house must sign a separate Authorization form)
___ Household Members Form (to be filled out by each person 18 and over, employed or not)
___ Copy of Missouri Driver’s License or State I.D.
___ Copy of last the 3 month’s consecutive pay stubs or other income verification forms
___ Copy of Federal 1040 form for the last year (If you do not file, and Income Tax Summary from the IRS for each year is required. If you cannot locate a copy of your 1040 form, contact the IRS for a transcript of your return.)
___ Copy of the last year’s W-2s.
___ Copy of last month Statement from all Checking and Savings Accounts
___ Copy of college class schedule or transcript if dependent is attending school full-time and being claimed on the application as a member of the household even if they are living away from home.
___ Copy of student loan deferment letter

If you receive SS, SSI, AFDC, Child Support, and Retirement Benefits:
___ Copy of Award Letter (s)
___ Copy of Court Ordered Child Support and Payment Record for last 12 months or 9 digit case number(all numbers)

If you are separated or divorced:
___ Copy of Marital Rights Waiver (Required if you are separated but not yet divorced)
___ Divorce Decree (Required if legally divorced)

If you have been involved in a bankruptcy, it must be 24 months since discharge for Chapter 7, 24 months from filing for Chapter 13 (to qualify for our program). If so, we need:
___ Copy of Discharge Notice and a list of secured and unsecured creditors and amounts owed.

If Chapter 13 is repayment, we require:
___ Authorization from Trustee
___ Payment Record for past 12 months

If you have signed a Sales Contract prior to enrolling in our program, your closing cannot take place prior to completion of our program. Final approval for our financial assistance is not given until you have successfully completed our program.

When you have gathered all information and copies please mail to:
NECAC
ATTN: MARSHA SIGNORACCI
P.O BOX 470
BOWLING GREEN, MO 63334
msignoracci@necac.org
I/We certify that all information on this application is true and accurate. Further, I understand that deliberately misrepresenting any information may result in denial of financial assistance by North East Community Action Corporation Home Ownership Program, and releases North East Community Action Corporation Home Ownership Program from any obligation to support me/us in the purchase of a home. I/We understand all the requirements pertaining to this Application and agree to follow them to the best of my/our ability.

_____________________________________       _______________________________
Participant Signature             Date

_____________________________________       _______________________________
Participant Signature             Date

Authorization to Release Information

I, ____________________________, give my permission for the following agencies to exchange any necessary information regarding my involvement in any NECAC sponsored Home Ownership Program:

North East Community Action Corporation (NECAC)
U.S. Department of Agriculture/Rural Development
Lending Institutions
Other: __________________________________________

This information may include but is not limited to financial, credit and employment information. I have read and understand the above information.

___________________________________________________    _____________________________
Participant Signature          Date

___________________________________________________    _____________________________
Participant Signature            Date

__________________________________________________    ______________________________
NECAC Staff Signature        Date

Office Use Only:
S8
SH ____________
SP
SC
Household Member Information Form
For Individuals 18 years of Age and Older

Name ____________________  Birth date ___________  SSN# ____________________

Street Address______________________________________________________

City_________________ ST_______ Zip________________

Home Phone ______________________
Are you employed?  Yes___ No___
Are you a full-time student?  Yes___ No___

Other than your job(s), list other verifiable sources and amounts of monthly
income (SS, SSI, Pension, etc.)

Source: ________ Amt: $______      Source:________ Amt: $______
Source: ________ Amt: $______      Source:________ Amt: $______

If employed, complete the following and attach copy of the last 4 consecutive
pay stubs from each job.

Current Employer
Company _________________ Date Hired___________
Address___________________ City______________ ST_____ Zip______
Phone ____________ Your Position__________________
Full Time ____ Part Time____   Gross Monthly Salary $___________

Include this and any additional forms with the application you are submitting
to North East Community Action Corporation. This information will be used
to verify your employment earning as part of the eligibility requirements for
NECAC programs.

_______________________                          __________________
Signature        Date
North East Community Action Corporation Privacy Act

North East Community Action Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that much of the information you give us is of a highly personal nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information”, such as your total debt information, income, and personal information concerning your financial circumstances, will be provided to loan officers, program monitors, and others only with your authorization and signature on the Authorization to release information agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information designing future programs.

Types of information that we gather about you:
- Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:
1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as a loan officer), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer their questions. If at any time you wish to change your decisions with regards to your “opt-out”, you may call us at (573) 324-6622 and do so.

Release of your information to third parties:
1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your loan office or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard nonpublic personal information.

Initial ________   Initial ________   Date ____________
North East Community Action Corporation (NECAC) is a nonprofit, HUD approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including Homebuyer Pre-purchase counseling including group education and one on one counseling; Mortgage Delinquency and Default Counseling referrals; Post Purchase Counseling and Financial Management/Financial Fitness (one on one and group counseling). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.) As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign and date the form on the following page.

**CLIENT AND COUNSELOR ROLES AND RESPONSIBILITIES:**

<table>
<thead>
<tr>
<th>Counselor’s Roles and Responsibilities</th>
<th>Client’s Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Reviewing your housing goal and your finances; which include your income, debt assets and credit history</em></td>
<td><em>Completing the steps assigned to you in your Client Action Plan</em></td>
</tr>
<tr>
<td><em>Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal</em></td>
<td><em>Providing accurate information about your income, debts, expenses, credit and employment</em></td>
</tr>
<tr>
<td><em>Preparing a household budget that will help you manage your debt, expenses and savings</em></td>
<td><em>Attending meetings, returning calls, providing requested paperwork in a timely manner</em></td>
</tr>
<tr>
<td><em>Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal</em></td>
<td><em>Notifying NECAC or your co-counselor when changing housing goal</em></td>
</tr>
<tr>
<td><em>Neither your counselor or NECAC employees, agents or directors may provide legal advice</em></td>
<td><em>Attending educational workshop(s) as recommended</em></td>
</tr>
</tbody>
</table>
TERMINATION OF SERVICES: FAILURE TO WORK COOPERATIVELY WITH YOUR HOUSING COUNSELOR AND/OR NECAC WILL RESULT IN THE DISCONTINUATION OF COUNSELING SERVICES.

AGENCY CONDUCT: No NECAC employee, officer, director, contractor, volunteer or agent shall undertake any action that might result in, or create the appearance of administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency’s compliance with federal regulations and our commitment to serving the best interests of our clients.

REFERRALS AND COMMUNITY RESOURCES: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utility assistance, emergency shelter, food banks and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by NECAC.

QUALITY ASSURANCE: In order to assess client satisfaction and in compliance with grant funding requirements, NECAC may contact you during or after the completion of your housing counseling services. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be shared with NECAC grantors such as HUD and NeighborWorks.

I/we acknowledge that I/we received, reviewed and agree to NECAC’s Program Disclosures

<table>
<thead>
<tr>
<th>Name 1 Signature</th>
<th>Date</th>
<th>Counselor Signature</th>
<th>Date</th>
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<tr>
<td>Name 2 Signature</td>
<td>Date</td>
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DISCLOSURE STATEMENT

North East Community Action Corporation (NECAC) provides Homebuyer Pre-Purchase Counseling, Group Education, One on One Counseling, Mortgage Delinquency and Default Counseling referrals, Post Purchase Counseling, and Packaging of the USDA 502 Direct Loan. Any Services provided and fees charged will be disclosed at the initial contact with Client when discussion of those services occur.

As a Client, you are not obligated to receive any other services offered by NECAC or by the organization, corporation, or any exclusive partner of the agency. NECAC will provide to you, as the client, information on any alternative services, programs and products. In addition, NECAC provides a variety of social services including, but not limited to, Section 8 Housing and Homeownership Vouchers, Emergency Assistance and Case Management, etc.

Client
Signature_______________________________________________Date____________________

Client
Signature_______________________________________________Date__________________
Home Ownership Program
Authorization to Release Information

Applicant Name: ______________________________________________________________

Co-Applicant Name: ____________________________________________________________

Street Address: __________________________________________________________________

City, State, Zip: _______________________________________________________________

In order to qualify for NECAC’s Homeownership Program I/We am/are submitting this Authorization
to Release Information form. As part of the process or in considering my household for Interest credit,
payment assistance, or other servicing assistance, NECAC may verify information contained in my
request for assistance and in other documentation required in connection with the request.

I/We give permission for NECAC to order a consumer credit report on all applicants.

The information NECAC obtains is only to be used to process my request for a loan or grant, interest
credit, payment assistance, or other servicing assistance, this authorization to release information will cover any future
requests for such assistance and that I will not be re notified of the Privacy Act Information unless the
Privacy Act Information has changed concerning use of such information.

____________________________________  ______________________________
Borrower Date   Co-Borrower   Date

Email:_______________________________  Cell Phone______________________

Home Phone:_________________________  Work:__________________________

Social Security #______________________  Social Security #__________________

_____________________________________
Borrower

_____________________________________
Co-Borrower

NECAC Staff Signature
Home Ownership Action Plan

Client Name(s) ________________________________________________________________

Client Address ________________________________________________________________

It is the mission of this organization to guide and assist our clients in their home purchase by successfully completing the Home Buyer Educational Class, and if eligible, to participate in a Home Down Payment Assistance program.

After careful evaluation and consultation during your pre-qualification session, the counselor has determined the best course of action is:

You, the client are to do the following:

Please note that time is of the essence. This means that any actions or documentation that is required of you will be done at the earliest possible time. If, during this process, your contact information changes, please notify your counselor immediately.

________________________________________________________     ______________________
Client Signature         Date

________________________________________________________      ______________________
Client Signature         Date

________________________________________________________      ______________________
Counselor Signature         Date
Clients Name ________________________________________________________________

Current Address ________________________________________________________________

Phone _______________________________  Date _________________________________

Email ______________________________________________________________________

Ethnicity of Client:  
☐ Hispanic  
☐ Non-Hispanic  
☐Choose not to respond  
☐ Choose not to respond

Race:  
☐ Asian  
☐ African American  
☐ White  
☐ Other __________________________

☐ Male  
☐ Female

Age _____  Education (# of years) _______________

Number of persons to live in home:  

Gross Yearly Income ________________

Credit Score:  ________________

☐ Needs Help To Become Credit Worthy

☐ Previously Owned A Home  
☐ Mortgage Ready

☐ Completed Homebuyers Education  
Completion Date:  ________________

Additional Classes and Workshops:

______________________________________________________

Goal:

______________________________________________________

Where do you wish to live?

______________________________________________________
Counselor’s Suggested Plans:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Which Programs Are you Going Through? □ Down Payment Assistance □ NECAC □ USDA
□ Other

Income: __________________________________________

New Address: ______________________________________

Home Loan Amount: _________________________________

Lender: ___________________________________________

Loan Officer: _______________________________________

PITI: ______________________________________________

Interest Rate: ______________________________________

Closing Date: _______________________________________

Page 2
### MONTHLY EXPENSES WORKSHEET

#### Housing
- Rent or mortgage: $____________
- Heating (gas or oil): $____________
- Electricity: $____________
- Water or sewage: $____________
- Telephones (landlines and cell phones): $____________
- Renters or homeowners insurance (if not included in mortgage): $____________
- Trash service: $____________
- Home maintenance and furnishings: $____________
- Cleaning Supplies: $____________
- Lawn service: $____________

#### Transportation
- Gas: $____________
- Car payment: $____________
- Car insurance: $____________
- Car inspection: $____________
- Car repairs and maintenance: $____________
- License plates and registration fees: $____________
- Public Transportation or taxi: $____________
- Parking and tolls: $____________

#### Food
- Groceries: $____________
- School lunches: $____________
- Work-related (lunches and snacks): $____________

#### Insurance
- Health (medical & dental if not payroll deducted): $____________
- Life: $____________
- Disability: $____________

#### Medical
- Doctor: $____________
- Dentist: $____________
- Prescriptions: $____________

#### Childcare
- Childcare or babysitters: $____________
- Child support or alimony: $____________

#### Clothing
- Clothing: $____________
- Laundry and dry cleaning: $____________

#### Donations
- Religious or charity: $____________

#### Education
- Tuition: $____________
- Books, papers and supplies: $____________
- Newspapers and magazines: $____________
- Lessons (sports, dance, music): $____________

#### Gifts
- Birthdays: $____________
- Major holidays: $____________

#### Personal
- Barber or beauty shop: $____________
- Toiletries: $____________
- Children’s allowances: $____________
- Tobacco products: $____________
- Beer, wine or liquor: $____________

#### Entertainment
- Movies, sporting events, concerts, etc.: $____________
- Video rentals: $____________
- Internet service: $____________
- Cable/Satellite TV: $____________
- Restaurants and take-out meals: $____________
- Gambling and lottery tickets: $____________
- Fitness or social clubs: $____________
- Vacations/trips: $____________
- Hobbies or crafts: $____________

#### Miscellaneous
- Checking account and money order fees: $____________
- Pet care and supplies: $____________
- Postage: $____________
- Pictures and photo processing: $____________
- “Mad” money: $____________

#### Debts
- Student loan: $____________
- Credit card (monthly minimum): $____________
- Credit card (monthly minimum): $____________
- Credit card (monthly minimum): $____________
- Medical bills: $____________
- Personal loan: $____________

#### Other
- Other: $____________
- Other: $____________
- Other: $____________

**Total Regular Monthly Expenses**: $__________